COVID-19 Reporting

Data Collection Instructions for Adult Foster Care and Home for the Aged Facilities

December 2021

Special Note: This document provides resources and directions to Adult Foster Care Facilities, and Home for the Aged, and Assisted Living Facilities to support meeting State of Michigan COVID-19 Reporting Requirements. The Michigan Department of Health and Human Services has aligned many data elements with national COVID-19 Reporting standards as prepared by the Centers for Disease Control and Prevention (CDC), as such CDC guidance is included where appropriate.

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AFC/HFA COVID-19 REPORTING OVERVIEW

The Michigan Department of Health and Human Services (MDHHS) and the Department of Licensing and Regulatory Affairs (LARA) have developed requirements for Adult Foster Care (AFC) and Home for the Aged (HFA) Facilities with bed capacity of 13 or greater (excluding skilled nursing facilities) to report specific data elements identified by the Centers for Medicare and Medicaid Services (CMS) and MDHHS. These data elements include, but are not limited to, Personal Protective Equipment (PPE) available on-site, information related to COVID-19 cases, and staff shortages. MDHHS implements this requirement pursuant to Emergency Order signed by MDHHS Director, Robert Gordon.

This reporting is necessary to ensure that Michigan has the information to respond to the COVID-19 outbreak by understanding facility and resident-specific impact. In addition, reporting will assist in identifying potential resource needs and prioritizing public health action. MDHHS may publish data received from long-term care facilities on the MDHHS coronavirus website (www.michigan.gov/coronavirus).

Beginning Wednesday, October 28, 2020, AFC and HFA Facilities have access to the Qualtrics reporting platform to support required reporting. All Facilities must complete their Qualtrics registration and attest to historical COVID-19 data in their first report submission via Qualtrics. Qualtrics surveys open each Wednesday from 5:00 A.M. (0500 HRS) to 7:00 P.M. (1900 HRS) for facilities to complete their reporting requirements. Reporting is required on a weekly basis, due every Wednesday no later than 7:00 P.M. (1900 HRS). To ensure consistent reporting across the state, MDHHS has prepared the following data collection instructions. Facilities are encouraged to review these instructions in their entirety before reporting data in Qualtrics for the first time.

This reporting does not take the place of reporting to Local Health Departments, continue using the standard reporting process as required.

For questions related to these reporting requirements, email:
MDHHS-MSA-COVID19@michigan.gov

CDC/NHSN REPORTING ELEMENTS

MDHHS is using national reporting standards to support consistent reporting across settings. The following set of data definitions has been prepared in alignment with the Center for Disease Control and Prevention National Healthcare Safety Network Long-Term Care COVID-19 Module and are consistent with the information MDHHS is collecting of all LTC facilities subject to reporting requirements. Note, not all data elements in the following instructions provided by the CDC are included in the Qualtrics tool developed for AFC/HFA facility reporting in Michigan.

Reporting Frequency
Reporting is required on a weekly basis each Wednesday by not later than 7:00 P.M. (1900 HRS). Reporting must provide updated cumulative weekly totals or current snapshots as denoted for each individual data element within the directions provided.

Failure to submit complete data according to requirements may result in state compliance actions. Facility compliance status may be posted on the www.michighan.gov/coronavirus website.

Reporting period: Wednesday between 7:00 A.M (0700 HRS) and 3:00 P.M. (1500 HRS) Eastern Time once each week. This report will consist of data from 12:01 A.M. (0001 HRS) Wednesday, to 12:00 A.M. (0000 HRS) Wednesday of the following week.

Example: When submitting data by noon (1200 HRS) on Wednesday, November 4, 2020, the facility will provide data collected from 12:01 A.M. (0001 HRS) Wednesday October 28, 2020 to 12:00 A.M. (0000 HRS) Wednesday November 4, 2020.

Reporting submission requirement: Weekly, Wednesday between 5:00 A.M (0500 HRS) and 7:00 P.M. (1900 HRS) Eastern Time.

Instructions for Completion of the COVID-19 Long-term Care Facility (LTCF) Reporting Survey in Qualtrics: Adult Foster Care and Home for the Aged Facilities

<u>Initial Registration Survey</u> – Each facility completes one time to initiate reporting process and establish contact information.

Data Field	Instruction for Data Collection
Facility Name (Setting Name)	This is the Setting's name, rather than the Licensee Name
Facility LARA License Number	The LARA-assigned facility license number; 11-digit entry with 2 letters and 9 numbers, No dashes or spaces
Facility Street Address	Physical address where residents are housed
Facility City	City where facility is located
Primary Contact First Name	Name of individual responsible for completing weekly reporting
Primary Contact Last Name	Name of individual responsible for completing weekly reporting
Primary Contact Email Address	Email address for individual responsible for completing weekly reporting
Primary Contact Phone Number	Preferred phone number for individual responsible for completing weekly reporting; XXX-XXX-XXXX
Residents with confirmed positive COVID-19 test results from a viral test (nucleic acid or antigen)	Includes TOTAL COUNT of RESIDENT cases between January 1, 2020 and midnight of the Tuesday before completion of Registration Survey. Includes positive results from antigen point-of-care test results.
Residents with suspected or positive COVID-19 test result who died in the facility or another location	TOTAL COUNT of Resident deaths between January 1, 2020 and midnight of the Tuesday before completion of the Registration Survey.
Staff and facility with confirmed, positive COVID-19 test results from a viral test (nucleic acid or antigen)	Includes TOTAL COUNT of STAFF cases between January 1, 2020 and midnight of the Tuesday before completion of registration survey. Includes positive results from antigen point-of-care test results. Staff and facility personnel include anyone working or volunteering in the facility, which includes, but is Not limited to contractors, temporary staff, resident care givers, shared staff, etc.

Staff and facility personnel with suspected or positive COVID-19 who died	TOTAL COUNT of STAFF deaths between January 1, 2020 and midnight of the Tuesday before completion of Registration Survey.
Current Census	Enter the total number of residents that are occupying a bed in the facility as of the date of completion of the Registration Survey.

Weekly Reporting Survey – Each facility submits one survey per license each week on Wednesday, between 5 AM and 7 PM.

Data Field	Instructions for Data Collection
Data Submission Date: • Current week • Previous week	Select the date for which you are submitting data. The previous week timeframe is offered for those facilities that missed reporting and/or need to submit corrections for that week. If you are only reporting for the current week, please select the correct date. If you are making up for a missed week of reporting, you will need to complete a separate survey submission. Data may Not be combined across reporting weeks.
COVID Positive Admissions	Enter the number of residents newly admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. Recovered residents are excluded. Included are persons under investigation; for example, residents exhibiting signs/symptoms and/or pending test results and require transmission-based precautions upon admission). Include only the count since last reporting period.
Resident Positive	Enter the number of residents with a new positive COVID-19 test result, including reinfections*. The test result may be from a NAAT/PCR (nucleic acid) or antigen test. Positive results from antigen point-of-care (POC) rapid test results are included. Include only the count since last reporting period. *Reinfections: defined as a new positive COVID-19 viral test performed more than 90 days after an initial COVID-19 infection.*

Resident TOTAL DEATHS (ANY CAUSE)	Enter number of residents who have died from **any cause** in the facility or another location. This count includes new COVID-19 related deaths AND Non-COVID-19 related deaths. Includes residents who died in another location, such as a hospital.
	Total deaths should never be lower than COVID-19 deaths within a reporting week.
	Include only the count since last reporting period.
Resident COVID-19 Deaths	Of the number of resident deaths reported in Resident Total Deaths (any cause), enter the number of residents with COVID-19 who died in the facility or another location.
	COVID-19 Deaths is defined as a resident who died from COVID-19 related complications and includes resident deaths in the facility AND in other locations, such as an acute care facility, to which the resident with COVID-19 was transferred to receive treatment.
	Resident discharged from the facility and Not expected to return to the facility are excluded from the count.
	Include only the count since last reporting period.
Current Census	Report total number of beds that are currently occupied. Current Census may include a combination of private pay and Non-private pay occupied beds.
	Include count at time of reporting.
Staff Positive	Enter the number of staff and facility personnel with a new positive COVID-19 test result, including reinfections*. The test result may be from a NAAT/PCR (nucleic acid) or antigen test. Positive results from antigen point-of-care (POC) rapid test results are included. Include anyone working or volunteering in the facility, which includes,

| | but is Not limited to contractors, temporary staff, resident care givers, and shared staff. Visitor testing is NOT included in this count.

Include only the count since last reporting period.

Reinfections: defined as a new positive COVID-19 viral test performed more than 90 days after an initial COVID-19 infection. |
|---|---|
| Staff COVID-19 Deaths | Enter number of staff and facility personnel who died from COVID-19 related complications. Include those individuals with a positive COVID-19 test result, had signs and/or systems of COVID-19, or were on transmission-based precautions for COVID-19. Staff and facility personnel include anyone working or volunteering in the facility, which includes, but is Not limited to contractors, temporary staff, resident care givers, and shared staff.

Include only the count since last reporting period. |
Staffing Shortage For each of the staffing categories below, indicate if your facility has a shortage of personnel on the given reporting date.	

Nursing Staff (registered nurse, licensed practical nurse, vocational nurse)
    • Yes
    • No
	Answer "Yes" to indicate shortage, otherwise, answer "No."

Clinical Staff (physician, physician assistant, advance practical nurse)
    • Yes
    • No
	Answer "Yes" to indicate shortage, otherwise, answer "No."

Aide Staff (certified nursing assistant, nurse aide, medication aide, medication technician)
    • Yes
    • No
	Answer "Yes" to indicate shortage, otherwise, answer "No."

Other Staff (staff Not included in above categories, regardless of clinical responsibility or resident contact. These personnel may include, but are Not limited to,	Answer "Yes" to indicate shortage, otherwise, answer "No."

environmental services, cook, dietary, pharmacists, pharmacy techs, activities director, care givers, wound care, physical therapy, shared staff, etc.) • Yes • No	
Supplies Availability – URGENT NEED Defined by circumstance in which facility will no longer have a PPE supply item in 7 days.	
Alcohol Based Hand Rub (ABHR) – Urgent Need? • Yes • No	Please answer "Yes" if your facility will no longer have or be able to obtain ABHR through your established ordering process, your Regional Healthcare Coalition, or the Local Emergency Management in 7 days, otherwise, answer "No."
N95 RESPIRATORS: Urgent Need? • Yes • No	Please answer "Yes" if your facility will no longer have or be able to obtain N95 RESPIRATORS through your established ordering process, your Regional Healthcare Coalition, or the Local Emergency Management in 7 days, otherwise, answer "No."
FACEMASKS: Urgent Need? • Yes • No	Please answer "Yes" if your facility will no longer have or be able to obtain FACEMASKS through your established ordering process, your Regional Healthcare Coalition, or the Local Emergency Management in 7 days, otherwise, answer "No."
EYE PROTECTION: Urgent Need? • Yes • No	Please answer "Yes" if your facility will no longer have or be able to obtain EYE PROTECTION through your established ordering process, your Regional Healthcare Coalition, or the Local Emergency Management in 7 days, otherwise, answer "No."
GOWNS: Urgent Need? • Yes • No	Please answer "Yes" if your facility will no longer have GOWNS in 7 days, otherwise, answer "No."

GLOVES: Urgent Need? • Yes • No	Please answer "Yes" if your facility will no longer have GLOVES in 7 days, otherwise, answer "No."
TESTING – Availability to test and # conducted	
Ability to perform testing – Residents • Yes • No	Please answer "Yes" if your facility has the ability to perform in-house point-of-care, "POC" (e.g., BinaxNOW, BD Veritor, CareStart) rapid antigen testing or obtain resources and support (for example, for PCR testing) to conduct testing of all current residents within the next 7 days. Otherwise, answer "No."
Ability to perform testing – Staff • Yes • No	Please answer "Yes" if your facility has the ability to perform in-house point-of-care, "POC" (e.g., BinaxNOW, BD Veritor, CareStart) rapid antigen testing or obtain resources and support (for example, for PCR testing) to conduct testing of all current staff within the next 7 days. Otherwise, answer "No."
Testing Performed - Residents • Yes • No	Since the last reporting date, has your facility performed COVID-19 viral testing of **any** type on Residents? This includes POC and PCR testing, and testing done by the facility as well as testing ordered by the facility but completed elsewhere. Select "Yes" or "No" as appropriate.
Testing Performed - Staff • Yes • No	Since the last reporting date, has your facility performed COVID-19 viral testing of **any** type on Staff? This includes POC and PCR testing, and testing done by the facility as well as testing ordered by the facility but completed elsewhere. Select "Yes" or "No" as appropriate.
HOW MANY tests – Residents # POC: _____ # Non-POC: _____	Of testing performed (or ordered by facility and conducted elsewhere), indicate the count of each type of test for Residents: Point-of-Care (POC) Antigen Tests Non-Point-of-Care Tests

	Include count of tests of each type within the current reporting period
HOW MANY tests – Staff # POC: _____ # Non-POC: _____	Of testing performed (or ordered by facility and conducted elsewhere), indicate the count of each type of test for Staff: Point-of-Care (POC) Antigen Tests Non-Point-of-Care Tests Include count of tests of each type within the current reporting period
Vaccination Status	
Eligible RESIDENTS Number of ELIGIBLE residents	**Definition**: *Eligible Residents* Enter the number of residents staying in the facility for at least 1 day (24) hours during the reporting period. This number may be higher than the Current Census entered above as it could include residents who died or were transferred to another facility during the period of data collection.
Vaccine Counts – RESIDENTS • # of ELIGIBLE residents who have completed MODERNA series • # of ELIGIBLE residents who have received an additional or booster dose of MODERNA • # of ELIGIBLE residents who have completed PFIZER series • # of ELIGIBLE residents who have completed an additional or booster dose of PFIZER • # of ELIGIBLE residents who have completed JOHNSON & JOHNSON/JANSSEN series • # of ELIGIBLE residents who have received additional or booster dose of JOHNSON & JOHNSON/JANSSEN	**Definition**: *Completed Vaccine Series* a. Have received BOTH dose 1 and dose 2 of a COVID-19 vaccine requiring 2 doses for completion (MODERNA and PFIZER); or b. Have received one dose of a COVID-19 vaccine requiring only one dose for completion (JOHNSON & JOHNSON/JANSSEN) **Definition**: *Additional or Booster Dose* Any additional (i.e., third) or booster dose of COVID-19 vaccine. Enter the **total to date** (cumulative) count of residents who have completed or have been medically determined not to be able to receive vaccine.

# of ELIGIBLE residents who have completed vaccine series from UNSPECIFIED MANUFACTURER # of ELIGIBLE residents who have received an additional or booster dose of UNSPECIFIED MANUFACTURER # of ELIGIBLE residents determined to have medical contraindication (cannot receive vaccine)	Do not count residents who do not receive the 2nd dose of a 2-dose series (for any reason) as having completed a series.
Eligible STAFF Indicate the # of HCP that were eligible to have worked at the facility for at least one day during the week of data collection	**Definition:** *Healthcare Personnel (HCP)* - Ancillary Services (environmental, laundry, maintenance, and dietary services) - Nurse Employees (registered nurses and licensed practical/vocational nurses) - Aides, Assistants or Technicians (certified nursing assistants, nurse aides, medication aides, and - medication assistants) - Therapist Employees (therapists such as respiratory, occupational, physical, speech, and music - therapists, and therapy assistants) - Physician and Licensed Independent Practitioner Employees (physicians, residents, fellows, - advanced practice nurses, physician assistants) - Other HPC (persons not covered in the employee categories listed above, regardless of clinical - responsibility or patient contact, including contract staff, students, volunteers or other nonemployees, - but not including visitors) **Definition:** *Eligibility to have worked* Include all HCP who could have worked at the facility for at least 1 day during the week of data collection, regardless of clinical responsibility or patient contact. Include HCP on sick leave, maternity leave, vacation, etc.

	Include persons who worked full-time and part-time.
Vaccine Counts – STAFF (HCP) • # of HCP who have completed MODERNA series • # of HCP who have received an additional or booster dose of MODERNA • # of HCP who have completed PFIZER series • # of HCP who have completed an additional or booster dose of PFIZER • # of HCP who have completed JOHNSON & JOHNSON/JANSSEN series • # of HCP who have received additional or booster dose of JOHNSON & JOHNSON/JANSSEN • # of HCP who have completed vaccine series from UNSPECIFIED MANUFACTURER • # of HCP who have received an additional or booster dose of UNSPECIFIED MANUFACTURER • # of HPC determined to have medical contraindication (cannot receive vaccine)	**Definition**: *Completed Vaccine Series* c. Have received BOTH dose 1 and dose 2 of a COVID-19 vaccine requiring 2 doses for completion (MODERNA and PFIZER); or d. Have received one dose of a COVID-19 vaccine requiring only one dose for completion (JOHNSON & JOHNSON/JANSSEN) **Definition**: *Additional or Booster Dose* Any additional (i.e., third) or booster dose of COVID-19 vaccine. Enter the **total to date** (cumulative) count of staff who have completed or have been medically determined not to be able to receive vaccine. Do not count staff who do not receive the 2nd dose of a 2-dose series (for any reason) as having completed a series.